## New Hampshire Department of Environmental Services 29 Hazen Drive P. O. Box 95 Concord, New Hampshire 03301 (603) 271-3899 FAX (603) 271-2181



September 2013

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Type of Registration			State Use Only			
Instructions: Please type or print in ink all items except "signat must be completed for each location containing u more than four (4) USTs are owned at this location sheets, and staple additional sheets to this form.  and facility layout. (May be an accurate hand sheets)	nd storage tanks. If opy the following	ID Number: _ Site Number Date Receive Active Tanks	mber: umber Received:			
I. Facility Owner (Tank System Owner)		II. Location of Tank	Systems			
i. I domey owner (rank dystem owner)			Cystoms			
Owner Name		Facility Name				
Mailing Address	<del></del>	Street Address (DO NO	T USE POST OF	FFICE BOX)		
City State	Zip Code	City		State	Zip Code	
Phone Number (include area code) E-mail		County				
III. Land Owner		IV. Stored Product	Owner			
Land Owner Name		Stored Product Owner Na	me			
Mailing Address		Mailing Address			<del></del>	
City State	Zip Code	City	State		Zip Code	
Phone Number (include area code) E-mail		Phone Number (include a	rea code) E-m	nail		
V. Type of Owner		VI. Type of Facility				
Federal Gov't. Commercial  State Gov't. Private  Local Gov't.		Gas Station Local Government Contractor Petroleum Distribut State Government Trucking / Transpo Air Taxi Federal - Military Federal - Non-Military	rtation	Utilities Aircraft C Farm or I Auto Dea Railroad Industrial Commer Other (E:	Residential alership I cial	
VII. Certification						
As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.						
Print Name and Title of Owner:	Signature	e:		Date	Signed:	

VIII. Description of Underground Storage Ta			nk at This L	
List Compartment Tank System No. as 1a, 1b; 2a, 2b etc	Tank System No.	Tank System No.	Tank System No.	Tank System No.
1.Status of Tank System:  Currently in Use				
Date Temporary Closed				
(less than 1" of substance stored )  Date Permanently Closed				
(Removed or filled in place)				
Amended Information				
2. Date of Installation:				
3. Compartment Tank: List Each Tank's Compartment (gallons) in Separate Column.				
4. Estimated Total Capacity (gallons):  (Identify tanks that are siphoned together)				_
5. Substance Stored:				
AVO HAVE I ON GAR G II				
<b>2HO</b> - # 2 Heating Oil GAS – Gasoline HO - #4 Heating Oil JET - Jet Fuel				
6HO - #6 Heating Oil KER – Kerosene DSL – Diesel MOT - Motor Oil				
EMG - Emergency OTH - Other				
Generator Fuel Substance EMP – Empty UNK - Unknown Substance				
HAZ - Hazardous USE - Used / Waste Oil				
Substance 6. Tank Material:				
Single wall (SW) / Double wall (DW)	SW DW	SW DW	SW DW	SW DW
Cathodically Protected Steel				
Composite				
Fiberglass				
Steel				
Jacketed				
Concrete				
Lined				
Unknown				
Other, Please Specify				
7. Piping Material: Designate Primary (Prim) or Secondary (Sec) piping.				
Single wall (SW) / Double wall (DW)	SW DW	SW DW	SW DW	SW DW
Cathodically Protected Steel	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Flexible	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Fiberglass	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Copper	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Steel	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
PVC	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
HDPE	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.

Other / Unknown, Please Specify	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
8. Piping System:	Tank System	Tank System No.	Tank System	Tank System
Suction (No Check Valve at Tank)	No.	NO.	No.	No.
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Suction (Check Valve at Tank)				
Pressure				
Gravity				
Siphon				
Line Leak Detector (manufacturer)  Date installed:				
9. Spill Buckets Installed (Date):				
Identify all Remote Fills				
10. Primary Overfill Device (Date):				
Ball Float				
Automatic Shut Off Valve				
Audible High Level Alarm				
Other				
11. Inventory Monitoring is Being Done:	Yes No	Yes No	Yes No	Yes No
12. Release Detection:				
Automatic Tank Gauge (date & manufacturer)				
Tank Interstitial Monitor (manufacturer)				
Piping Interstitial Monitor (manufacturer)				
Vapor Monitoring				
Groundwater Monitoring				
Line Tightness test				
Manual Tank Gauging				
Other				
12 Courseign Brotostian				
13. Corrosion Protection: (Tank =T; Piping =P; Flex Conn or Fiittngs =F)	TPF	TPF	TPF	TPF
Sacrificial Anodes				
Impressed Current	TPF	TPF	TPF	TPF
Other	TPF	TPF	TPF	TPF
<b>14. Tightness Testing:</b> Tank (Date / Results)				
Tank (bate / Hesalts)				
Piping (Date / Results)				
15. System:				
Has Tank been repaired?				
Has piping been repaired?				

IX. Owners Financial Responsibility					
I have met the financial responsibility requir	rements in accordance	ce with NH Coc	e of Administrati	ve Rules (Env-O	r 404.11).
Env-Or 404.11 <u>Financial Responsibility</u> .  (a) Owners of UST facilities shall maintain financial rescorrective measures, and compensation for third party dama (b) The amount of financial responsibility required shall no (c) The requirement for financial responsibility may be satisystems, under RSA 146-D, RSA 146-E, or RSA 146-F.	ages in the amount equal to o t limit the liability of an own	r greater than \$1,000 er or operator for da	0,000 per occurrence.  nages caused by a rele	ase.	
X. Person Responsible for Maintenance	and Regulatory Co	mpliance			
Name					
Mailing Address					
City	State		Zip	Code	
Phone Number (include area code)	Extension	E-mail address		<del></del>	
shall only be provided at the time of registra provided via separate letter when the instal	lation has been comp  leted and is in accord	oleted. dance with the	department's app		
Signature	Print Nam			Date:	
NH PE:			or UST Installation/Re	etrofitting Exp	iration Date
Annual Gasoline Throughput* – All Grades					
Year Total Throughput	(gal)	Year	Total Throu	ghput (gal)	
* Throughput required for facilities with Stage I	Stage II Stage II		<u>Equ</u>	i <u>pment</u>	
Coaxial	Type Equip	ment		otal # of Dispense	's
Two Point				Total # of Nozzle	s
Dry Break on Manifold				Total # of Gas Tank	s
Other Date of Installation	Date of Installation				
Installer	Installer				